

**TOWN OF CRESTED BUTTE
SALES TAX LICENSE APPLICATION**

NAME OF BUSINESS: _____

NAME OF OWNER(S): _____

CONTACT PERSON: _____

PHONE () _____ FAX () _____

E-MAIL _____

MAILING ADDRESS: _____
(Street, City, State)

BUSINESS LOCATION: _____
(Street, City, State)

NATURE OF BUSINESS: _____

STATE OF COLORADO SALES TAX LICENSE NUMBER: _____

SIGNATURE: _____ DATE: _____

PLEASE RETURN THIS FORM TO:

TOWN OF CRESTED BUTTE
PO BOX 39
CRESTED BUTTE, CO 81224

TELEPHONE: 970-349-5338
FAX: 970-349-6626